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**Campaign Finance
Appointment of Treasurer or
Candidate Committee Form
For Candidate For State Office**

Governmental Ethics Commission
901 S. Kansas Avenue
Topeka, KS 66612
Phone (785) 296-4219
Fax (785) 296-2548
ethics.kansas.gov

This is an (Check one) ☐ Initial Appointment ☒ Amended Statement

Candidate Candidate Name: **Gregory J Orman**
Address: **5901 Lockton Lane**
Address2:
City: **Fairway** Zip: **66205**
Home Phone: Business Phone: **(913) 948-6100** Cell Phone: **(913) 226-4455**
County: Email Address: **contact@ormanforkansas.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **12/05/2017**
Committee Chairperson's Name: **Gregory Orman**
Address: **5901 Lockton Lane**
Address2:
City: **Fairway** State: **KS** Zip: **66205**
Home Telephone: Business Phone: **(913) 948-6100** Cell Phone: **(913) 226-4455**
Email Address: **contact@ormanforkansas.com**

Date Appointed: **12/05/2017**
Treasurer's Name: **Thomas Owens**
Address: **7804 W 100th Street**
Address2:
City: **Overland Park** State: **KS** Zip: **66212**
Home Telephone: Business Phone: **(913) 948-6100** Cell Phone:

Email Address: **aaron@ormanforkansas.com**

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **1/8/2018 4:35:50 PM** Signature of Candidate: **Gregory J. Orman**

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Treasurer Date Appointed:
Treasurer Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Candidate Date Appointed: **12/05/2017**
Committee Chairperson's Name: **Gregory Orman**
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Date Appointed: **12/05/2017**
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Email Address: **aaron@ormanforkansas.com**

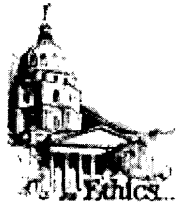
I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **12/6/2017 4:43:04 PM** Signature of Candidate: **Gregory J Orman**

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This is an (Check one) ☒ **Initial Appointment** ☐ **Amended Statement**

Candidate Candidate Name: **Gregory J Orman**
Address: **590 Lockton Lane**
Address2:
City: **Fairway** Zip: **66205**
Home Phone: Business Phone: **(913) 948-6100** Cell Phone: **(913) 226-4455**
County: Email Address: **contact@ormanforkansas.com**
Office Sought: **Governor** District No.:

Treasurer Date Appointed: **12/05/2017**
Treasurer Name: **Thomas Owens**
Address: **7804 W 100th Street**
Address2:
City: **Overland Park** State: **KS** Zip: **66212**
Home Telephone: Business Phone: **(913) 948-6100** Cell Phone:
Email Address: **aaron@ormanforkansas.com**

Candidate Date Appointed:
Committee Chairperson's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:
Email Address:

Date Appointed:
Treasurer's Name:
Address:
Address2:
City: State: Zip:
Home Telephone: Business Phone: Cell Phone:

Email Address:

I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.

Executed on:

Date: **12/5/2017 10:15:51 PM** Signature of Candidate: **Gregory J Orman**

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